24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 1 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼		
WOWLIN OF LAIR OUT I AO		C C00530766		
Check if 24-hour report				
Full Name of Payee CBB Chain Bridge Bank		Date of Public Distribution/Dissemination		
Mailing Address 1445 Laughlin Ave		09 16 2016 Amount		
	Zip Code	2500.00		
McLean VA	22101	Transaction ID : SE.6380 Date of Disbursement or Obligation		
Purpose of Expenditure prepaid canvasser travel expenses- OH	Category/ Type 002	09 / 16 / Y 2016		
Name of Federal Candidate	Support Of	ffice Sought: House District:		
HILLARY RODHAM CLINTON	X Oppose	▼ President Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary ☐ Other (specify) ☐ Other		
Full Name of Payee CBB Chain Bridge Bank		Date of Public Distribution/Dissemination 09 16 2016		
Mailing Address 1445 Laughlin Ave		Amount		
City State	Zip Code	2500.00		
McLean VA	22101	Transaction ID : SE.6387 Date of Disbursement or Obligation		
Purpose of Expenditure prepaid canvasser travel expenses- OH	Category/ Type 002	09 16 2016		
Name of Federal Candidate	Support Of	ffice Sought: House District:		
TED STRICKLAND	X Oppose	President Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General 016		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	5000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Emily Buchanan [Electroni Signature	ically Filed] Date	09 16 2016		
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
WOMEN SPEAK OUT PAC	C C00530766				
Check if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y				
Full Name of Payee Hyatt Place	Date of Public Distribution/Dissemination				
	09 16 2016				
Mailing Address 6161 Park Center Circle	Amount				
City State Zip Code	2250.00				
Dublin OH 43017	Transaction ID : SE.6391 Date of Disbursement or Obligation				
Purpose of Expenditure Hotel expense Category/ Type 002	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office	e Sought: House District:				
HILLARY RODHAM CLINTON X Oppose	President Senate State: OH				
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary General Other (specify)				
Full Name of Payee	Date of Public Distribution/Dissemination				
Hyatt Place	09 16 2016				
Mailing Address 6161 Park Center Circle	Amount				
City State Zip Code	2250.00				
Dublin OH 43017	Transaction ID : SE.6394 Date of Disbursement or Obligation				
Purpose of Expenditure Hotel expense Category/ Type 002	09 / 16 / 2016				
Name of Federal Candidate Support Office	ce Sought: House District:				
TED STRICKLAND Popose	President Senate State: OH				
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	4500.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	II EXI EIIB	ITOTILO		PAGE 3 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
WOMEN SPEAK OUT PAC				C C00530766	
Check if 24-hour report					
Full Name of Payee Thrifty Car Rental				of Public Distribution/Dissemination	
Mailing Address 1534 Sunset Blvd			Amou	09 16 2016	
			741100		
City	State Zip Code			750.00	
Steubenville	ОН	43952		action ID: SE.6378 of Disbursement or Obligation	
Purpose of Expenditure Van rental- OH		Category/ Type 002		09 16 2016	
Name of Federal Candidate		Support	Office Sough	t: House District:	
HILLARY RODHAM CLINTON		X Oppose	✗ Preside		
Calendar Year-To-Date Per Election for Office Sought	7	63802.08	Disbursemer 2016	ther (specify) ►	
Full Name of Payee	_		Date	of Public Distribution/Dissemination	
Thrifty Car Rental				09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1534 Sunset Blvd			Amou	int	
City	State	Zip Code	— I.	750.00	
Steubenville	ОН	43952		action ID : SE.6385 of Disbursement or Obligation	
Purpose of Expenditure Van Rental- OH		Category/ Type 002		09 / 16 / 2016	
Name of Federal Candidate		Support	Office Sough	nt: House District:	
TED STRICKLAND		X Oppose	Presid	ent Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	51302.08	Disbursemer 2016	nt For:	
-					
(a) SUBTOTAL of Itemized Independent Expenditur	es		• •	1500.00	
(b) SUBTOTAL of Unitemized Independent Expendi	itures		· •	7 1 7 1 7	
(c) TOTAL Independent Expenditures			•	11000.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Emily Buchanan	[Electron	ically Filed] Date	9 09	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature					